



Cambridge Youth Programs
Middle School April Vacation Week Program Presents:
Challenge!! Are You Game?

Join us at the Frisoli Youth Center or the Gately Youth Center
Tuesday, April 21st - Friday, April 24th

This program is open for youth in grades 6th, 7th, and 8th who are Cambridge Residents

Section I: Youth Center Membership Status. Please Check One:

☐ My child is a current member and enrolled at the ☐ Area IV ☐ Frisoli ☐ Gately ☐ Russell Youth Centers of Cambridge Youth Programs (**Deadline for Applying is Wednesday, April 15**)

☐ My child is not a current member at the youth centers of Cambridge Youth Programs

If your child is not a current member of the youth centers, you must fill out the *Youth Center's Afterschool Program Application* as well as the *February Vacation Week Form*. **The application forms must be submitted no later than Monday, April 6th**. Parents will be notified of acceptance no later Wednesday, April 15th.

Section II: Please check off the youth center you are applying for February Vacation:

☐ Frisoli Youth Center 61 Willow St. Cambridge, MA 02141 Phone: (617)349-6316

☐ Gately Youth Center, 70R Rindge Ave, Cambridge, MA 02140 Phone: (617)349-6277

When: Tuesday, 4/21/15 to Friday, 4/24/15

Time: 9:00 am - 6:00 pm

Fee: The cost of the program is a **\$40.00 non-refundable** deposit (**fee must be paid at the time of registration**). **Space is limited.**

CASH ONLY

Lunch is not provided: please have your child bring a lunch

SECTION III: VACATION WEEK REGISTRATION INFORMATION

Last Name _____ First Name _____ Date of Birth _____

"Home" Youth Center/Program _____ Home Phone # _____

Name of Parent/Guardian: _____

Cell phone #: _____ Work phone #: _____ Hours at Work: _____

Check the Days your child will be attending: ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

If more than one child in your household is applying, please complete the following:

NOTE: A full *Youth Center's Afterschool Program Application* is required for all youth who are not currently enrolled.

Name of Additional Child(ren): _____ Date of Birth: _____

_____ Date of Birth: _____

Medical Information: Please describe any medical/physical conditions which CYP Staff should be aware of (dietary restrictions, allergies, chronic health conditions, medications): _____

Additional Emergency Contact (If Parent/Guardian is not available)

Name: _____ Address: _____

Relationship to Child: _____ Phone: _____

Section IV: Field Trips

The following Field Trip is being planned for vacation week. *Please check off below to indicate that your child(ren) will be attending this all-day field trip with his/her respective vacation week program. The field trip days are as follows: **Wednesday, Frisoli Vacation Week Program** and **Thursday, Gately Vacation Week Program**.*

Please note the trip is mandatory if your child attends the vacation week program on these days. The space is limited for each of these trips, please register early:

☐ **My child will be attending the all-day trip to Kimball Farm in Westford, MA (www.kimballfarm.com)**

Section V: Arrival and Dismissal Plan and Authorization

Please specify when your child will attend the Youth Center. If your child does not show up on a day that he/she is scheduled, a staff person will call you. If you know in advance that your child will be absent, please notify the center as early as possible. (Please note, vacation hours are 9:00 am to 6:00 pm)

	Tuesday	Wednesday	Thursday	Friday
Arrival Time:				
Departure Time:				

My child will **arrive** at the program by:

- ☐ Unsupervised Walk
- ☐ Supervised Walk (who: _____)
- ☐ Parent/Guardian Drop Off
- ☐ Other (Describe: _____)

My child will **depart** the program by:

- ☐ Unsupervised Walk
- ☐ Supervised Walk (who: _____)
- ☐ Parent/Guardian Pick Up
- ☐ Other (Describe: _____)

The following individuals may pick up my child from the program. If someone other than these people picks up my child, I will notify staff in writing in advance.

1. Name: _____ Relationship: _____
Address: _____ Phone Number: _____

2. Name: _____ Relationship: _____
Address: _____ Phone Number: _____

Very important: Program Staff will only follow these instructions; all persons picking up a child MUST be on the list

Section VI: Vacation Week Media Release (Please check one box and sign)

I understand that during vacation week, youth will be producing short movies to share with the community using social media. I ☐ **do** ☐ **do not** give permission to the City of Cambridge and the Cambridge Youth Programs to use photographic and video reproductions of my child for publicity purposes.

Signature of Parent/Guardian

Date

Section VII: Parent/Guardian Permission

As _____'s legal guardian, I hereby authorize him/her to participate in CYP February vacation week daily activities and field trips, which may involve riding the MBTA with supervision.

In the event of a serious illness or injury, I express my consent of the administration of emergency medical care, including anesthesia. I understand that the staff of CYP will make a reasonable effort to contact me first in case of emergency. I will not hold CYP or any member of the staff responsible for such illness or injury.

Signature of Parent/Guardian

Date